OFFICE OF SENATOR LAMAR ALEXANDER INTERNSHIP APPLICATION FORM

Please FAX this form and a copy of your resume to (202) 228-3398. Please note that all internships are unpaid

| Name: | Social Security #: |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Hometown: | University: |
| Phone: | Expected Year of Graduation: |
| G.P.A.: Major: | Minor: |
| How will this experience fit into your edu | ucational plans? |
| Dates applying to work (Mark all possibl SEMESTER: Fall '03 (Aug 25 – Dec 5) | |
| SUMMER: Session I (May 10 – June 18 | Session II (June 21 -Aug 6) |
| interns through at least two stations but w | situations and we make every effort to rotate ve cannot guarantee certain assignments. Your illingness to participate in any job assigned. |
| Please rank 3 preferences for job assignm | nents |
| Reception/ General Administ | rativeMail/Correspondence |
| Constituent Services, Tours | Press Office |
| Subcommittee on Children & | Families, Reception & Administrative |

| Please provide Contact Information for three personal or professional references: | |
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| Please describe why you want to be an intern specifically for Sen. Alexander and what you hope to accomplish. | |
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| List/Describe any special skills that may not be apparent from your resume. | |
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| Because of delays associated with Senate regulations on mail please FAX this application (ATN: Alice Ganier) and a resume to (202) 228-3398. | |